



TEAM SAN DIEGO and Health Reform Update

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Improving Chronic Care by Improving Care Coordination

TEAM SAN DIEGO is a community training that:

- **Teaming** → *Improved provider/patient communication and information-sharing among the health and social service team*
- **Care Coordination** → *Prevent problems arising from multiple providers, treatments, and medications*
- **Patient Empowerment** → *Encourage patients and caregivers to participate in decision-making, goal setting, and action planning*
- **Resources** → *Find resources for problems specific to the San Diego chronic care community*

Medical Care



Medical Monitoring



Physician / Primary Care



Therapy/ Ancillary Care



Pharmacy



Diagnostic Services



Mental Health



Acute/ Hospital Care



Dental



Medical Transportation



Education



Vision Care

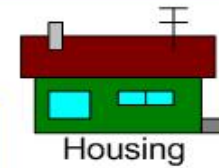
Supportive Services



Personal Assistance



Protective Supervision



Housing



Shopping



Laundry



Meals



Financial Assistance



Housekeeping



Home Maintenance



Home Modification



Intellectual Stimulation



Pet Care



Transportation



Companionship

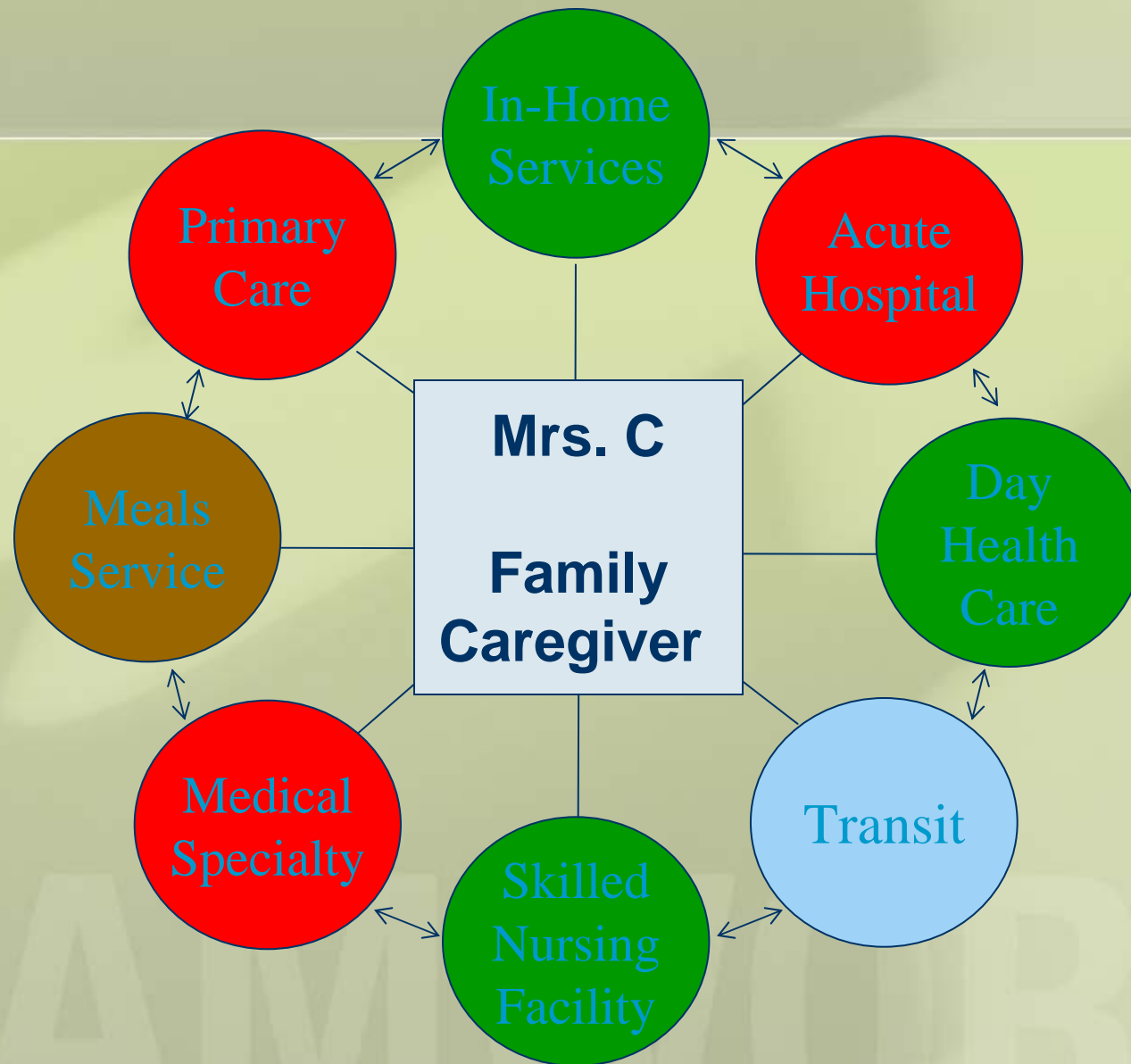


Money Management



Recreation

Virtual Team





Health Strategy Agenda



Healthy

Safe

Thriving

County of San Diego
Health & Human Services Agency





National Health Reform

- **Patient Protection and Affordable Care Act-AKA Health Reform Bill**
 - Will provide health coverage for millions of uninsured Americans and extra protections for most people who currently have insurance
 - Will not cut any benefits provided under traditional Medicare and will even improve some benefits



Health Reform Facts

Positive Impacts

■ Improves Insurance Coverage

- No annual or lifetime coverage limits
- No coverage denial based on pre-existing conditions
- Can't be dropped when care becomes expensive
- 32m uninsured Americans can have health insurance

■ Medicare Advantage Plans

- Reduces payments to plans to be in line with Medicare costs
- Bonus payments for improved quality and enrollee satisfaction
- Basic Medicare benefits will not be affected but will save \$150b Medicare dollars over 10 years



Health Reform Facts

Positive Impacts

- **Closes the Medicare D “Donut hole”**
 - In 2007, 8 million seniors hit the Medicare D prescription gap
 - In 2010, Medicare beneficiaries who hit the donut hole will receive a \$250 rebate
 - In 2011, 50% discount on brand name drugs in the donut hole
 - By 2020, the donut hole for all prescription drugs will be closed



Health Reform Facts

Positive Impacts

■ Improves Health Care Delivery

- Fights waste fraud and abuse
- Extends the financial health of Medicare by 9 years
- Supports innovations such as medical homes, care transitions and care coordination-expected
- Incentives to reduce unnecessary hospital admissions and health care acquired infections
- Eliminates deductibles, co-payments, and other cost-sharing for preventive care, and
- Starting in 2011 provides free annual wellness check-ups



Health Reform Facts

Positive Impacts

- **Supports Long-term Care and HCBS**
 - Spousal Impoverishment Protections extended to Medicaid home care
 - Medicaid Options and Incentives to Expand Long Term Services and Supports
 - Provides \$10m/yr. from 2010 to 2014 to expand ADRCs
 - Establishes an Office of Dual Eligibles within CMS
 - Establishes National Insurance for Long Term Services and Supports – CLASS Act



CLASS Act Features

- Hard to pin down, DHHS secretary to decide many details
- Voluntary (opt out) long-term care insurance option, offered through work
- 5 year vesting period before benefits begin, must be 18 to collect
- Disability based average \$50 daily cash benefit, lifetime payout, supplement LTC needed
- CBO est. premium \$123 per month preserves 75 year solvency





CLASS Act Questions

- Option for uninsurable?
- Care Coordination benefit?
- Competition good or bad?
- Supplement opportunity?
- Devil in the details; who will run it and how will they run it?
- Stay tuned, learn and educate





Health Reform Facts

Negative Impacts

■ Challenges with Health Reform

- Individuals with annual incomes above \$85,000 and couples with incomes above \$170,000 will pay higher Medicare premiums
- Possible shortage of primary care physicians
- With Medicaid eligibility raised to 133% FPL, greater demand for AIS Programs-IHSS, MSSP
- Fewer Medicare Advantage Plans available
- 50% of Americans don't think that health reform is good-misinformation provided to seniors on health reform